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Name (Print/Type)

Melvin Kraush

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## 1021.43452X00 Attorney Docket No. UTILITY PATENT APPLICATION CHO, OK-KYUNG First Inventor **BLOOD SUGAR LEVEL MEASURING** TRANSMITTAL **APPARATUS** (Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. Mail Stop Patent Application **APPLICATION ELEMENTS** Commissioner for Patents ADDRESS TO: SEE MPEP chapter 600 concerning utility patent application contents. P.O. Box 1450 Alexandria VA 22313-1450 1. Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original and a duplicate for fee processing) Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission Applicant claims small entity status. fif applicable, all necessary) See 37 CFR 1.27. a. Computer Readable Form (CRF) b. Specification Sequence Listing on: з. 🖂 [Total Pages: 27] Specification i. . D CD-ROM or CD-R (2 copies); or (preferred arrangement set forth below) -Descriptive title of the invention ii. . D paper -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D c. Statements verifying identity of above copies -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention ACCOMPANYING APPLICATION PARTS -Brief Summary of the Invention Assignment Papers (cover sheet & documents(s)) -Brief Description of the Drawings (if filed) -Detailed Description 10. L 37 CFR 3.73(b) Statement Power of Attorney -Claim(s) (when there is an assignee) -Abstract of the Disclosure English Translation Document (if applicable) 4. 🖂 Drawing(s) (35 U.S.C. 113) [Total Sheets: 9] Copies of IDS Citations Information Disclosure Statement (IDS)/PTO-1449 5. Oath or Declaration [Total Sheets: \_\_ Preliminary Amendment a. . Newly executed (original or copy) Return Receipt Postcard (MPEP 503) Copy from a prior application (37 CFR 1.63 (d)) (Should be specifically itemized) (for continuation/divisional with Box 18 completed) 15. Certified Copy of Priority Document(s) i. DELETION OF INVENTOR(S) (if foreign priority is claimed) Signed statement attached deleting inventor(s) 16. L Nonpublication Request under 35 U.S.C. 122 Named in the prior application, see 37 CFR (b)(2)(B)(i). Applicant must attach form PTO/SB/35 1.63(d)(2) and 1.33(b) or its equivalent. 17. Other: Figs. 1-10, Credit Card Payment Form Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment. or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) Divisional of prior application No.: Continuation Art Unit: Prior application information: Examiner: \_ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number OR Correspondence address below 020457 ANTONELLI, TERRY, STOUT & KRAUS, LLP Name Address

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January 29, 2004

22,466

01/29/2004

Date

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For FY 2004  Effective 1001/2003. Patent fees are subject to annual revision.  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (check all that apply)  METHOD OF PAYMENT (check all that apply)  FEE CALCULATION (continued)  3. ADDITIONAL FEES  Deposit Account:  Deposit A	FEE TRANSMITTAL			Complete if Known				
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First Named Inventor   CHO, OK-KYUNG   Examiner Name   Art Unit	- for EV 2004					January 29, 2004		
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Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 856.00  METHOD OF PAYMENT  (\$) 856.00  METHOD OF PAYMENT  (\$) 856.00  Attorney Docket No. 1021.43452X00  FEE CALCULATION (continued)  3. ADDITIONAL FEES  Deposit Account  Deposit Account  Deposit Account  Deposit Account  Deposit Account  Deposit Account  Number Deposit Account			Examiner Name		<del></del>			
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Registration No.  (Attorney/Agent) 22 466 Telephone 703-312-6600	SUBMITTED BY					Complete (if applicable)		
	Name (Print/Type) Melvid Kraus				22,466	Telephone 703-312-	6600	

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